



A Message From the Director



The new year brings new ideas, and this new year has brought the idea of our department integrating with the Departments of Mental Health and Public Health into a single health agency (see article to the right). Of course, in some ways it is not a new idea, as we were once all one department focused on the health of Los Angeles County.

At the time that Mental Health and then Public Health split off from Health Services there were organizational reasons to support separate departments. Separate departments help to develop unique identities and services. But having developed these separate entities, there is reason to believe that we can have the best of both worlds by having these three departments administered together under a single agency. For clients, it offers many opportunities, such as the ability to receive physical health, mental health, and substance abuse services without having to register and provide financial information for three different departments.

By being together we can figure out the best way to serve the needs of our patients and improve the health of the overall population in Los Angeles County. Also, each of the departments has different strengths and by being together there will be opportunities to grow stronger together. Recent disease outbreaks such as Ebola and measles demonstrate the importance of public health and health care settings working closely together. The success of Mental Health's recovery model — a focus on assets and wellness, patient and family empowerment, and employment — can be beneficial for patients with other chronic illnesses.

Discussion about changes — let alone change itself — can be frightening. The important thing to remember about this proposed change (the ultimate decision will be with the Board of Supervisors) is that the goal is to make things better for patients, the population of Los Angeles, our workforce, and our partners. If you have ideas about how integration can lead to better services, please email me. If you would like to participate in one of the many stakeholder meetings being organized to obtain input about the integration, go to the CEO website, <http://priorities.lacounty.gov/health/>. Best wishes.

Board Considers New Health Agency

By Michael Wilson

The Board of Supervisors has requested a report from the Chief Executive Office outlining steps to create a new health agency that would encompass the Departments of Health Services, Public Health and Mental Health. The identity of the three departments would be maintained, along with separate budgets, but the agency would be better able to coordinate services and identify administrative cost savings.

County Supervisor Michael D. Antonovich said the new structure would enhance patient care, reduce costs, and “streamline bureaucratic processes.” The report, due in 60 days, will include a proposed structure and implementation timeframe, taking into account input from internal and external stakeholders. The Board motion also requested a report back on a recommendation for merging the Sheriff's Medical Services Bureau under the new agency.

The new structure would foster better coordination of services across departments that often operate in silos. Cross-functional teams would implement best practices and align services with reimbursement models under health reform that favor integration.

Under an umbrella structure, the departments would meet their respective missions and be able to share ideas and address unmet service needs more rapidly.

Adding behavioral health services in clinical settings where patients present with stress-related illness was cited as an example of ways to collaborate. Integration of

physical health services into mental health clinics and into the design of community-based population health interventions would also yield substantial benefits for the residents of the County. “It's working together that makes better and more efficient services, and we should be learning from each other on the critical work that needs to be done,” said DHS director Mitchell Katz, MD.

At the Board of Supervisor's hearing, a number of mental health advocates spoke of their concern that it would result in decreased services. However, Supervisor Mark Ridley-Thomas noted “we are not supplanting the Mental and Public Health Departments and what they do. It is about ultimately creating an umbrella structure to better coordinate what our health departments do and maximizing the quality of care for the people of Los Angeles County.”

Public health advocates also spoke of the importance of maintaining a focus on population health. In response to the concerns raised, the Board asked the CEO to initiate a comprehensive stakeholder process to ensure that everyone would have an opportunity to express their views and suggestions for the integration. Labor leaders called the plan a “bold idea” that could cut red tape and improve care.

“We should be talking about how we might benefit from cross fertilization,” said County Supervisor Sheila Kuehl. “There are great benefits to be gained to replicate best practices.”

Re-Engineering Primary Care at LAC+USC Medical Center

By Michael Wilson

Patients stream into the clinic for their morning appointment on a typical weekday. Some are here for a wellness visit or are following up from a recent hospital admission. Some were able to get an urgent appointment because they woke up feeling ill or have come for a regular appointment for a chronic condition. This is adult primary care in “OPD,” the outpatient services building on the LAC+USC campus, where medical residents get crash-course training in population health.

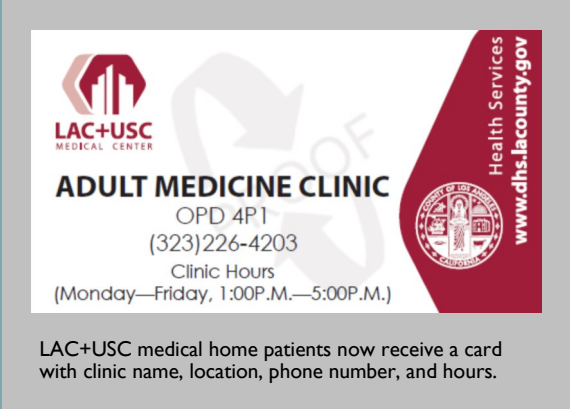
(See ‘PRIMARY CARE’ on back)



LAC+USC Medical Center Director of Primary Care
Dr. Jagruti Shukla

(‘PRIMARY CARE’)

Dr. Jagruti Shukla accepted the job to lead the transformation to primary care medical homes here a year ago. When she started, there were no provider panels, roles and responsibilities were undefined, and resident physicians rotated in each week, but there wasn’t a workable schedule of who was on duty when. Phones rang for far too long and often went unanswered. “When you’re constantly in crisis mode, you tend to put a Band-Aid on deeper problems,” Dr. Shukla says. “You end up coping in a broken system that needs to be completely overhauled.” Dr. Shukla, Director of Primary Care, is passionate about medical homes — from clinic design to how the phone tree is organized to what art goes on the walls. Redesigning workflow, creating new staffing models, and using technology to build better primary care is a chance to make a big impact in the lives of patients, control downstream costs, and reduce emergency visits and inpatient stays. She is buoyed by trends showing more medical students are looking at careers in primary care thanks to new opportunities for innovation in the field. Having led cutting-edge primary care reform at San Mateo Medical Center and worked on aid projects in rural villages that took her from South Africa to Cuba, Dr. Shukla is accustomed to wearing many hats and has the skills to be architect, contractor, developer and design consultant. Her aim is to align all of LAC+USC’s adult and pediatric outpatient clinics with the six standards for patient-centered medical homes established by the National Committee for Quality Assurance (NCQA): enhance access and continuity, identify and manage patient populations, plan and manage care, provide self-care support and community resources, track and coordinate care, and measure and improve performance. With dozens of milestones to meet within each standard, her first step was to create a workgroup to identify priorities.



As she focused in on LAC+USC’s three resident-based adult medicine clinics, Dr. Shukla set up a new ‘team-based’ staffing model. Each clinic now has two teams (red and gold) that are comprised of six resident physicians, three medical assistants, one nurse, and one clerk. She then standardized responsibilities for every member of the team, clarifying roles and responsibilities, and adding new ones. Intake forms were revamped and schedule templates re-thought to create more flexibility in scheduling, open more urgent appointment slots, and increase real-time access to appointments. New process maps were designed with step-by-step instructions for following up on abnormal lab requests, including how they are entered and tracked in Affinity. A new checklist outlines detailed steps to be taken for a biopsy request, and a new pathway for diabetes co-management with endocrinology organizes care for patients with an elevated Hemoglobin A1c level. Dr. Shukla likens the work to strengthening a building’s foundation or tying stronger knots in the safety net. While most of the changes are taking place behind the scenes, patients now sense the positive changes when they call the clinic. A newly created phone tree now asks patients calling in if they need an appointment, medication refill, or an advice nurse to get them routed to staff who can handle the request. Phones don’t ring off the handle, patients get the information they need, and the system runs better. New clinic protocols — such as how to respond to missed appointments — ensure more timely communications with patients. Now that the first round of improvements to Adult Medicine is well underway, Dr. Shukla has set her sights on the Pediatric and Med-Peds clinics, after which she’ll shift focus to the Geriatrics and HIV clinics. “Despite all the progress we’ve already made over the past year, there’s still a great deal of work to be done,” Dr. Shukla says. “That keeps me excited to come in every day.”

Olive View Employee Makes Wishes Happen

Each year the Olive View-UCLA Department of Social Work runs the “Adopt a Christmas Family” program where hospital departments and individuals sponsor a patient to make the holidays brighter. Patient Financial Services employee Karen Kanemura and her retired friend Susan Velkots have raised thousands of dollars to provide Christmas to families. This year they were asked to help the family of a single mother who has an incurable medical condition. Mom’s wish was to take her 3

children, ages 19 to 10, to Disneyland while she was still able to go. Without hesitation, Karen said “the family is going to Disneyland” and raised enough money so that Mom, her 3 children, and grandma could enjoy their special day. She also made t-shirts for each family member and gave them small cameras so that they could have beautiful pictures of this fantastic occasion. Thanks to Karen and all others at the hospital who participate in this program and bring into focus the spirit of the holidays.



Looking for a Few Good Coaches!

Have you ever wanted to take a role in making DHS work better for our patients? Think you have skills in facilitating a good meeting, and helping a group of County Health workers reach consensus? Do you work well with management as well as front-line staff, and have a way of helping people see the other’s perspective? Are you well organized, keeping track of to do’s and helping drive projects forward? Are you good at teaching skills you know to others, so others can lead? If you answered some of those questions with yes, you may be a great candidate for learning how to coach CIT teams in process improvement projects. Care Improvement Teams (CITs) are a partnership model of process improvement that have been highly successful across our system in improving access to care and patient experience. The success of CITs means that more facilities want to develop teams, but to do so, teams need trained coach experts to help guide them. We are working to find a few candidates to be part of a CIT Coach Internship project where we will train several DHS employees in CIT Coaching over an 8 week period. All interns will need permission from their supervisors to attend two full days of training, and then dedicate half a day a week to coaching a CIT team at a DHS facility. If you think you have some of the skills and the passion for becoming a CIT Coach, please send a note to Nicole Moore – CIT Coordinator (nmoore@dhs.lacounty.gov) describing your interest and skills you think you might bring to the role.

FLU Policy Revised for Workforce Members

New language has been added to the DHS Influenza Vaccinations for Workforce Members, Policy Number 334.200. The language related to the requirement of mask wearing if declining vaccination has been changed from “within facility” to “patient care areas”.

The main goal for the policy is a common sense approach that keeps patients safe. If you are unsure if your work location requires you to wear a mask, consult with your employee health office to ensure compliance.

